MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04508

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY: St. Marys; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mechanicsville
LENGTH OF STAY (in this place): 2 wk
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Ohio; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Toledo
STREET ADDRESS (If rural, give location): 1036 Buckgan Street

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) --- (Last) Albrecht
4. DATE OF DEATH: (Month) 4 (Day) 30 (Year) 1952
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1 / 12/1871
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Schultz
14. MOTHER'S MAIDEN NAME: Dorthy Kreuger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: ----
17. INFORMANT AND ADDRESS: Mrs. Ledia Keafauver - Mechanicsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	3 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	/
	(c)	

3327

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: arthritis of spine

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 27, 1952, to Apr 30, 1952, that I last saw the deceased alive on Apr 27, 1952, and that death occurred at 10:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Roy Gunther, MD ADDRESS: Mechanicsville DATE SIGNED: 4/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/1/52
NAME OF CEMETERY OR CREMATORY: Forrest Cemetery
LOCATION (City, town, or county) (State): Toledo, Ohio

DATE REC'D BY LOCAL REG.: 5-1-52
REGISTRAR'S SIGNATURE: Comalier
24. FUNERAL DIRECTOR: P.B. Robinson * Leonardtown, Maryland. ADDRESS

VS-A1

RECEIVED
MAY 5 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

04509

1. PLACE OF DEATH: COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River; MARYLAND; LENGTH OF STAY (in this place) 3dys 13hrs 55min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, USNAS Pax Riv, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River; STREET ADDRESS (If rural, give location) USNAS, Patuxent River, Md.

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) BALLARD

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-16-52

9. AGE last birthday: 0 yrs. If under 1 year: Months 0, Days 3; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Curtis E. BALLARD TN USN

14. MOTHER'S MAIDEN NAME: Helena M. CORBIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: U.S. NAVY Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral anoxia	3 Days
761.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cord around neck and aspiration of mesonium.	13 Hours
	(c)	55 mins.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Patuxent River (COUNTY) St. Marys (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): Apr. 20, 1952 (1:10) m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 16, 1952, to Apr. 20, 1952, that I last saw the deceased alive on Apr. 20 52, and that death occurred at 1:10 P m., from the causes and on the date stated above.

SIGNATURE W. M. Irving (Degree or title) W.M. IRVING LT MC USNR ADDRESS Infirmary, USNAS, Patuxent River, Md. DATE SIGNED 20 April 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 4-21-52; NAME OF CEMETERY OR CREMATORY: St. Peters; LOCATION (City, town, or county) (State): Ridge Md.

DATE REC'D BY LOCAL REG. 4-21-52; REGISTRAR'S SIGNATURE P.P. Keany, M.D. Local Registrar

24. FUNERAL DIRECTOR: Curtis E. Ballard ADDRESS: Patuxent Ridge Md.

20422624 05

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APR 23 1952
BUREAU U. S.

04510

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415A

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Leonardtown; LENGTH OF STAY (in this place) 41 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Medleys Neck; STREET ADDRESS (If rural, give location) Leonardtown R.F.D #1

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Henery (Last) Brubacher

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 23 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months 11, Days —. If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owner

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Galicia Austria

12. CITIZEN OF WHAT COUNTRY? ~~Austria~~ U.S.A.

13. FATHER'S NAME: Henery Brubacher

14. MOTHER'S MAIDEN NAME: Magie Rupp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Ada Brubacher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis.

(c)

420.1

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME (Month) (Day) (Year) (Hour) OF INJURY none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) MD ADDRESS Leonardtown Md DATE SIGNED 5/20/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF May 3 - 1952; NAME OF CEMETERY OR CREMATORY St Paul; LOCATION (City, town, or county) (State) Leonardtown St Marys Md

DATE REC'D BY LOCAL REG. 5/21/52; REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS Jas C. Mattingley Leonardtown Md

RECEIVED
MAY 5 1952
BUREAU V. S.

Item 18 & 21 Film 6142 4-28-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04511

CERTIFICATE OF DEATH

Reg. Dist. No. 2 5 2

1. PLACE OF DEATH: COUNTY St. Marys; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town); LENGTH OF STAY (in this place) 9 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U.S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park,; STREET ADDRESS (If rural, give location) 67 Coral Place

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Monroe	CAMERON	April	1	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Caucasian	Married	22 Sept. 1909	42 yrs.	6	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineman R&P	Construction	Sanford North Carolina	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John B. Cameron	Elizabeth Mc Iver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	237 32 3488	U.S. Navy Files Martha J. Cameron

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Deferred. Traumatic shock	Immediate.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Contusion of mandible	-
(c)		

902.3 (1)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None. Cirrhosis of Liver — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Patuxent NASta.	Patuxent, Md.		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☒ Not While At work ☐	HOW DID INJURY OCCUR?
4-1-52 m.		Deceased slipped at edge of a ditch and struck chin against pipe. (4-2-52 ams)

22. I hereby certify that I attended the deceased from Dead when first seen., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE J. S. LANE, M.D. (Degree or title) ADDRESS Lexington Park Maryland. DATE SIGNED 4/1/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 4-1952	Rocket	Sanford Lee N. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/4/52	Cavalier	Jas C. Mattingley	Leonardtown Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

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APR 7 1952
BUREAU V. S.

04512

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH — COUNTY: St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mechanicsville — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mechanicsville
STREET ADDRESS (If rural give location): R. F. D. #1

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Francis (Last) Dotson
4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Jan 31-1952
9. AGE last birthday: [illegible] yrs. — If under 1 year: Months 2 Days 23 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas William Dotson
14. MOTHER'S MAIDEN NAME: Sarah Ines Holley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Thomas William Dotson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia — immediate

924.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) suffocation — immediate

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office, bldg, etc.): Home — (CITY OR TOWN) Mechanicsville (COUNTY) St. Marys (STATE) Md.
TIME OF INJURY (Month) 4 (Day) 13 (Year) 52 (Hour) 4 A m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? sleep on face & suffocated in bed clothes

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) MD — ADDRESS: Leighton Park, Md. — DATE SIGNED: 4/13/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 13-1952 — NAME OF CEMETERY OR CREMATORY: St. Joseph — LOCATION (City, town, or county) (State): Morganza, Md
DATE REC'D BY LOCAL REG.: 4/13/52 — REGISTRAR'S SIGNATURE: Camalier — 24. FUNERAL DIRECTOR: Jos C. Mattingly — ADDRESS: Leonardtown, Md

4012233405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 16 1952
BUREAU V. M.

13

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH- COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Rural
LENGTH OF STAY (In this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location) R.F.D. # 1

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) E (Last) Evans
4. DATE OF DEATH (Month) April (Day) 19 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Jan 18-1891
9. AGE last birthday 61 yrs. If under 1 year Months 3 Days 2 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Keep house for self
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alexander E. Heard
14. MOTHER'S MAIDEN NAME Annie Mary McGill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Mary E. Yatton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	immediate
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio-sclerosis	1 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH. none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) [illegible] ADDRESS Lexington Park, Md DATE SIGNED 4/20/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 22 1952
NAME OF CEMETERY OR CREMATORY Our Lady's Chapel
LOCATION (City, town, or county) near Leonardtown (State) Md
DATE REC'D BY LOCAL REG. 4/21/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1BA

RECEIVED
APR 23 1952
BUREAU V. S.

14

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH — COUNTY: St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Mechanicsville — LENGTH OF STAY (in this place): Six years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.F.D. Mechanicsville
STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED (Type or Print) (First): Amanda (Middle): Binding (Last): Jones
4. DATE OF DEATH (Month): Apr (Day): 4 (Year): 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 28 1867
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helping around home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A. St Mary's
13. FATHER'S NAME: Henry Jones
14. MOTHER'S MAIDEN NAME: Matilda Thorn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs May D. Knott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Mitral regurgitation

421.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) age.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None except age.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ✓ (CITY OR TOWN): ✓ (COUNTY): ✓ (STATE): ✓
TIME OF INJURY (Month) (Day) (Year) (Hour): ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Dec, 1945, to Apr 4th, 1952, that I last saw the deceased alive on Apr 1st, 1952, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE: Leon J Sothoran (Degree or title) M.D. — ADDRESS: Charlotte Hall, Md — DATE SIGNED: 4/5 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4-6-52 — NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery — LOCATION (City, town, or county): Laurel Grove (State): Md.

DATE REC'D BY LOCAL REG.: 4/6/52 — REGISTRAR'S SIGNATURE: Camalles — 24. FUNERAL DIRECTOR: A B Robinson — ADDRESS: Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown R.F.D. #2 — LENGTH OF STAY (in this place) 24 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) R.F.D. #2

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) Evans (Last) Long

4. DATE OF DEATH (Month) April (Day) 29 (Year) 1952

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Oct 1 - 898 | 9. AGE last birthday 53 yrs. | If under 1 year Months 5 Days 29 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer owner farm | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland St Marys | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Long | 14. MOTHER'S MAIDEN NAME Alice Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. | 17. INFORMANT William D. Long

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 2 hrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH none | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none | (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) none m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Leighton Park, Md. DATE SIGNED 4/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF May 2 1952 | NAME OF CEMETERY OR CREMATORY Saint Joseph | LOCATION (City, town, or county) Moyanza St Marys (State) Md

DATE REC'D BY LOCAL REG. 4/30/52 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 1
BUREAU V. E.

516

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
LENGTH OF STAY (in this place) 2dys 2 hrs 40min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, USNAS Pax Riv Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
STREET ADDRESS (If rural, give location) USNAS, Patuxent River, Maryland

3. NAME OF DECEASED (Type or Print) (First) Baby John (Middle) Boy Boone (Last) SAMPSON

4. DATE OF DEATH (Month) April (Day) 19 (Year) 1952

5. SEX Male

6. COLOR OR RACE Caucasion

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 4-17-52

9. AGE last birthday ✓ ✓ 0 yrs. If under 1 year Months 0 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY XXXXXX

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME SAMPSON, Max Leon ENC U.S. Navy

14. MOTHER'S MAIDEN NAME SALAS, Carmen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. XXXXXXXX

17. INFORMANT AND ADDRESS U.S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity

776 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days 2 hours 40 min.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. XXXXXXX

19a. DATE OF OPERATION XXXXXXXX

19b. MAJOR FINDINGS OF OPERATION XXXXXXXXXX

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Patuxent River (COUNTY) St Marys (STATE) Md.

TIME OF INJURY (Month) Apr. (Day) 19, (Year) 1952 (Hour) 1155 m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? XXXXXXXXXXX

22. I hereby certify that I attended the deceased from 4-19-, 1952, to 4-19-, 1952, that I last saw the deceased alive on 4-19-, 1952, and that death occurred at 1155 P m., from the causes and on the date stated above.

SIGNATURE C.C. Muehe (Degree or title) ADDRESS C.C. MUEHE LT MC USN MOOD DATE SIGNED 20 April 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/21/52 NAME OF CEMETERY OR CREMATORY St. Aloysius Cemetery LOCATION (City, town, or county) Leonardtown (State) Md.

DATE REC'D BY LOCAL REG. 4/21/52 REGISTRAR'S SIGNATURE Cemetery

24. FUNERAL DIRECTOR G.B. Robinson - Leonardtown ADDRESS Md.

2042312 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
APR 23 1952
BUREAU OF

17

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: St. Marys — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park
STREET ADDRESS (If rural give location): Lot 157 TrailerPark

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) Jay (Last) Springman

4. DATE OF DEATH: (Month) 4 (Day) 2 (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 11/ 3/ 1951

9. AGE last birthday: yrs. 5 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard LeRue Springman

14. MOTHER'S MAIDEN NAME: Pauline Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: ---

17. INFORMANT: Richard Springman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days

4/2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] Pearl, MS DATE SIGNED 4/2/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4/4/52 — NAME OF CEMETERY OR CREMATORY: Arlington National Cem. — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 4/3/52 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: P.B. Robinson - Leonardtown, Md. — ADDRESS

2 X 14 1423

RECEIVED
APR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bush Wood; LENGTH OF STAY (In this place): 8 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bush Wood; STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Marshall (Last) Suite

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: June 7 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months 9, Days 20, Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tennis Suite

14. MOTHER'S MAIDEN NAME: Alice Rose Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.:

17. INFORMANT: Raymond Suite

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	1 day
4.20.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	10 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH: none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none

(CITY OR TOWN) Bush Wood (COUNTY) St Marys (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Leonardtown Md. DATE SIGNED: 4/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: April 1952 | NAME OF CEMETERY OR CREMATORY: Sacred Heart | LOCATION (City, town, or county): Bush Wood (State): Md

DATE REC'D BY LOCAL REG.: 4/11/52 | REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Jos C. Mattingly ADDRESS: Leonardtown Md

RECEIVED
APR 9
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 287

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maddox
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maddox
STREET ADDRESS (If rural, give location) St. Mary's County

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Davis (Last) Swann
4. DATE OF DEATH: (Month) Apr. (Day) 7. (Year) 1952

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 23 1870
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months 4 Days 17 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): St. Mary's County Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Swann
14. MOTHER'S MAIDEN NAME: Ann Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Gwynn Swann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
4. Immediate cause	(a)	Coronary thrombosis	½ hr
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arteriosclerosis	5 years
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7, 1952, to 4/7, 19.., that I last saw the deceased alive on 4/7, 1952 and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) M.D. ADDRESS [illegible] DATE SIGNED 4/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 10, 52
NAME OF CEMETERY OR CREMATORY Christ Church
LOCATION (City, town, or county) Captico, St. Mary's (State) Md
DATE REC'D BY LOCAL REG. 4/9/52
REGISTRAR'S SIGNATURE Cannalies
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 1-51

RECEIVED
APR 14 1992
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 787

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) A (Last) Thomas

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1885

9. AGE last birthday: 66 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Keep house for self

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James A Brooks

14. MOTHER'S MAIDEN NAME: Margaret Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs Alice Hawkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive cardiovascular disease	20 yrs
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) with cerebral hemorrhage	1 wk
	(c)	

44

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9.40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J Roy Smythe M.D. ADDRESS Mechanicsville, Md DATE SIGNED 4/14/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF April 15 1952

NAME OF CEMETERY OR CREMATORY St Joseph's

LOCATION (City, town, or county) (State) Morganza St Mary's Md

DATE REC'D BY LOCAL REG. 4/14/52

REGISTRAR'S SIGNATURE Canceled

24. FUNERAL DIRECTOR Jos C Millsfay

ADDRESS Leonardtown Md

RECEIVED
APR 16 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

21

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SPACE RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: St. Marys — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St.Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: St/Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hollywood
STREET ADDRESS (If rural, give location): rural

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Ann (Last) Tippett

4. DATE OF DEATH: (Month) (Day) (Year) 4/22/52 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/8/1948

9. AGE last birthday: 4 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph D. Tippett

14. MOTHER'S MAIDEN NAME: Margaret E. Wathen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ------

16. SOCIAL SECURITY NO. -------

17. INFORMANT AND ADDRESS: J.D. Tippett - Hollywood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bilateral Bronchial Pneumonia	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hydrocephalus	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1952, to 4/22, 1952, that I last saw the deceased alive on 4/21, 1952, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE: Lind Boyd M.D. (Degree or title) ADDRESS: Leonardtown DATE SIGNED: 4/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/23/52 — NAME OF CEMETERY OR CREMATORY: St. Joseph Cemetery — LOCATION (City, town, or county) (State): Morganza, Maryland

DATE REC'D BY LOCAL REG. 4/23/52 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR — ADDRESS: P.B. Robinson - Leonardtown, Md.

RECEIVED
APR 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04522

CERTIFICATE OF DEATH

Reg. Dist. No. 287

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville
LENGTH OF STAY (in this place) 31 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Hanson (Last) Wathen
4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 9-1879
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months 9 Days 25 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owner farm
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hanson Wathen
14. MOTHER'S MAIDEN NAME: Rebecca Joy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Raymond Wathen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

201X Antecedent cause(s) DUE TO (b) Hodgkins disease — 8 year

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/27, 1952, to 4/1, 1952, that I last saw the deceased alive on 4/1, 1952, and that death occurred at 2.25 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Leonardtown DATE SIGNED 4/2/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 5 1952
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Moyanza St Marys (State) Md

DATE REC'D BY LOCAL REG. 4/3/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S. A. 5 8-51

RECEIVED
APR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 04523

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardstown — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Allison (Last) Wilmer Jr.

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: June 29 1915 | 9. AGE last birthday: 36 yrs. | If under 1 year: Months 9 Days 8 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman - M.P. Private 1st | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland St Mary's | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Allison Wilmer Sr | 14. MOTHER'S MAIDEN NAME: Henrietta E. Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): World War II | 16. SOCIAL SECURITY NO.: 579-09-0143 | 17. INFORMANT: Henrietta E Rayson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation due to Lung paralysis,

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Over dose of Chloral Hydrate (for Insomnia)

(c)

E974.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Leonardtown (COUNTY) St Mary's (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 4 6 52 12:30 PM | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Francis F Gronwell MD (Degree or title) | ADDRESS Leonardtown Md | DATE SIGNED 4-5-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF April 8 52 | NAME OF CEMETERY OR CREMATORY St Aloysius | LOCATION (City, town, or county) Leonardtown St Mary's (State) Md

DATE REC'D BY LOCAL REG. 4/7/52 | REGISTRAR'S SIGNATURE Carmalee | 24. FUNERAL DIRECTOR Jos C. Mattingley | ADDRESS Leonardtown Md

VS-A15A

RECEIVED
APR 9 1952
BUREAU V. S.